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PTO/SB/01 (03-01)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 502P60US

First Named Inventor Nichols

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REASSEMBLY ENGINES FOR MULTILINK APPLICATIONS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

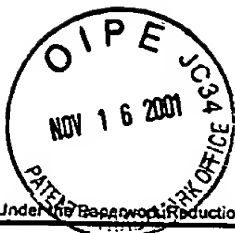
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below

Name Shapiro Cohen

Address P.O. Box 3440, Station D

City Ottawa State ON ZIP K1P 6P1

Country Canada Telephone 613 232 5300 Fax 613 563 9231

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Stacy William

Family Name or Surname Nichols

Inventor's Signature 

Date Sept 21/01

Residence: City Ottawa State ON Country CA Citizenship CA

Mailing Address 1536 Landel Drive
~~23 Brodeur Crescent~~

City Ottawa State ON ZIP K2W 1C5
~~K2L 1Z2~~ Country CA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Deborah Ann

Family Name or Surname Frischknecht

Inventor's Signature 

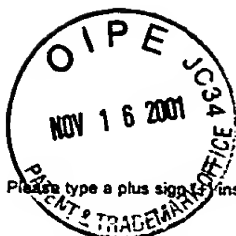
Date Sept 29/01

Residence: City Ottawa State ON Country CA Citizenship CA

Mailing Address 8 Tanner Crescent

City Ottawa State ON ZIP K2K 2M6 Country CA

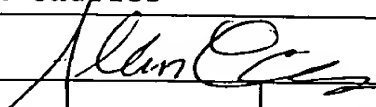
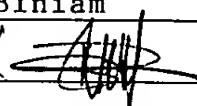
☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



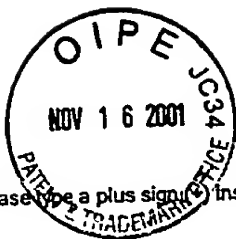
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Alan Charles		Coady	
Inventor's Signature <u>X</u> 		Date <u>Oct. 01/01</u>	
Residence: City	Ottawa	State	ON
Country	CA	Citizenship	CA
Mailing Address 120 Shaughnessy Crescent			
Mailing Address			
City	Ottawa	State	ON
ZIP	K2K 2N3	Country	CA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Biniam		Mesfin	
Inventor's Signature <u>X</u> 		Date <u>Sep 21/2001</u>	
Residence: City	Ottawa	State	ON
Country	CA	Citizenship	CA
Mailing Address 23 Farmfield Crescent			
Mailing Address			
City	Ottawa	State	ON
ZIP	K2M 1S9	Country	CA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		Country	
Mailing Address			
Mailing Address			
City		ZIP	
State		Country	

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/934,847
Filing Date	August 23, 2001
First Named Inventor	Nichols
Group Art Unit	2661
Examiner Name	
Attorney Docket Number	502P60US

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
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☒ Practitioner(s) named below:

Name	Registration Number
Harold C. Baker	19333
Robert A. Wilkes	28170
Robert G. Hendry	22927

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☐ The above-mentioned Customer Number.

OR

☒ Firm or
Individual Name

Shapiro Cohen

Address P.O. Box 3440

Address Station D

City Ottawa

State ON

Zip K1P 6P1

Country Canada

Telephone 613-232-5300

Fax 613-563-9231

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Deborah Ann Frischknecht

Signature *D. Frischknecht*

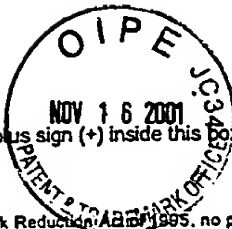
Date

Nov 1 '01

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☒ Total of 4 forms are submitted.

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Address	Station D				
City	Ottawa	State	ON	Zip	K1P 6P1
Country	Canada				
Telephone	613-232-5300	Fax	613-563-9231		

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SIGNATURE of Applicant or Assignee of Record

Name	Stacy William Nichols
Signature	
Date	Nov 15 2001

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Name	Registration Number
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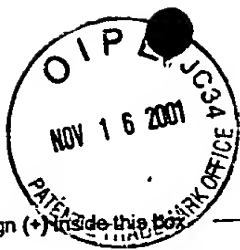
SIGNATURE of Applicant or Assignee of Record

Name	Alan Charles Coady
Signature	
Date	NOV 01 101

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SIGNATURE of Applicant or Assignee of Record

Name	Biniam Mesfin
Signature	
Date	Nov 01 / 2001

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